

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVII

DECEMBER, 1961

NO. 10



Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

Telephone: REpublic 6-0661

Vivian M. Purdy, *Executive Secretary*

OFFICERS

<i>President</i>	Jerome A. Whitney, M. D.
<i>Vice President and President-Elect</i>	Ralph T. Miller, M. D.
<i>Secretary</i>	Ray T. Smith, M. D.
<i>Treasurer</i>	John A. Burke, M. D.

Executive and Grievance Committees

Jerome A. Whitney, M. D., *ex-officio*

Alfonso A. Palermo, M. D.	<i>ex-officio</i>	Ralph T. Miller, M. D.
Ray T. Smith, M. D.	<i>ex-officio</i>	John A. Burke, M. D.
Frank G. Mills, M. D.	1962	George Corcoran, Jr., M. D.
Howard P. Kennedy, M. D.	1963	Ladislav E. Pfeifer, M. D.
John J. Bandean, M. D.	1964	John W. Turner, M. D.

Chairmen of Standing Committees

<i>Public Relations</i>	Alfonso A. Palermo, M. D.
<i>Legislative</i>	Robert W. Emery, M. D.
<i>Board of Membership</i>	Malcolm S. Allan, M. D.
<i>Blue Shield District Professional Service</i>	Walter J. J. Nero, M. D.
<i>Malpractice and Medico-Legal Affairs</i>	John J. Bandean, M. D.
<i>Public Health</i>	Norman A. Pokorny, M. D.
<i>To Committee on Tax-Supported Medical Care</i>	Harry L. Roberts, M. D.
<i>Nominating Committee</i>	Eugene W. Beauchamp, M. D.

Chairmen of Special Committees

<i>Insurance, Labor Relations and Industrial Accidents</i> .	Cyril E. Shea, Jr., M. D.
<i>Medical Advisory</i>	Noah N. Feldman, M. D.
<i>Woman's Auxiliary</i>	Aldo Leani, M. D.
<i>Emergency Medical Service</i>	Peter Zarecki, M. D.
<i>Health and Accident Insurance</i>	Lawrence V. Selden, M. D.
<i>Mental Health</i>	Olive A. Cooper, M. D.
<i>Rehabilitation</i>	Edward J. Ferrarone, M. D.
<i>New Headquarters</i>	Howard B. Brown, M. D.
<i>Disaster Medical Care</i>	George A. Vassos, Jr., M. D.
<i>Medico-Religious</i>	Leroy J. Kendrew, M. D.
<i>Representatives on Community Council</i>	

Jerome A. Whitney, M. D. and Alfonso A. Palermo, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

BOARD OF EDITORS

Edward P. Bagg, M. D.	<i>Editor-Emeritus</i>
Max Millman, M. D.	<i>Editor-in-Chief</i>
(111 Maple Street, Springfield 5, Mass.)	
John C. Ayres, M. D.	<i>Assistant Editor</i>

Associate Editors

John A. Burke, M. D.	Ralph T. Miller, M. D.
Olive A. Cooper, M. D.	H. Bernard Tillman, M. D.
Harold J. Holleran, M. D.	George A. Vassos, M. D.
Frank E. Hurley, M. D.	David W. Williams, M. D.

John E. Leary, M. D.	<i>Secretary and Business Manager</i>
(302 Sumner Avenue, Springfield 8, Mass.)	

Richard J. Maher, M. D.	<i>Asst. Sec. and Bus. Manager</i>
-------------------------	------------------------------------

THE HAMPDEN HIPPOCRAT, DECEMBER, 1961

EDITORIAL

PRACTICAL THOUGHTS ON HEADING OFF SOCIALIZED MEDICINE

First, let us recall how hair-thin was the victory in the last presidential election—what a deep well of conservatism can be successfully sparked to respond in the next congressional election only one year from *now*.

Also, let us realize how large a majority of our population already has reasonable health protection either through savings or voluntary health insurance.

Finally, realize that the idea afoot is to upset traditional free programming by this great majority—over 170 million people—to serve the needs of perhaps 16 million people.

What to do about it?

Above all convince the public that the medical profession does have a program to improve health care in this country.

We should proceed as follows:

1. Openly concede the need for better care for the elderly poor—a relatively small group.
2. Convince the public that this group is being best served in the long run by:

(a) liberalizing trends in voluntary insurance, supplemented by (b) more help through Kerr-Mills Act already made law by Congress one year ago; (c) by improving the calibre of our free and low-cost care given to the needy, and (d) by explaining why the doctor-patient relationship must be preserved if the best care is to be given.

All right, you say, but just *what* do we do now? This:

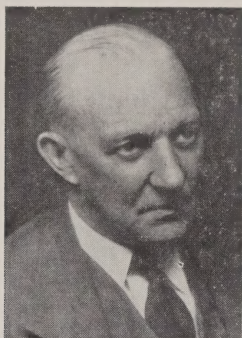
1. We get ORGANIZED—we're intelligent enough! Just remember how many elections and decisions are swung by a well organized and energetic minority.
2. Accordingly we make A.M.A. membership compulsory in our own best interest—better to lose a touch of freedom within the profession than to throw away major liberties through disorganization.
3. We organize at once an educational campaign at two levels:
 - (a) nationally by the A.M.A. with our wholehearted support with both funds and voices, and (b) locally by educating our patients and the public here in Hampden District individually and through our Public Relations Committee to the advantages of pushing voluntary medicine imaginatively—with the Kerr-Mills Act to fill in the chinks as needed.
4. We openly, energetically enlist the cooperation of the insurance companies and other private enterprises eager to help us strengthen the practice of medicine on a voluntary basis.
5. We join and support the American Physicians Action Committee (See page 14).
6. We work (with leads sent us by our District Society and the A.M.A.) to elect congressmen *next year* who really understand and support our point of view. These efforts should be highly organized and concentrated to be more effective.
7. We flood our congressmen and senators with mail to educate them to the folly of third party control of all medical practice.
8. We show our public that it's in their best interest to do the same.
9. Every one of us actively budgets 15-30 minutes every day to these efforts—to explain to the public that socialized medicine is an extravagant, politically inspired phony.
10. We get spirited about the A.M.A.! It's our own club. If we join the other 12 states giving it 100% membership support it will burgeon with new strength. The ball has started rolling—let's give it a good push—right here in Hampden District. If we organize, others will too.

In one year an informed public opinion can swing the pendulum back into expanded voluntary patterns backed by an enthusiastic medical profession.

This is that year.

D.W.W.

President's Page



CARITAS

Charity over the centuries has acquired unpleasant connotations.

By many it indicates a remedy in economic failure, often unappreciated by donor and recipient.

Love is its synonym and the antonym of love is hate.

To be uncharitable even in thought violates the two great Commandments found in the Talmud and the New Testament.

May this Christmas evoke an increase of love and charity to our families, our fellow physicians, all humanity and our Maker.

The Staff of the Hippocrat joins with the Officers and Committees of our Society to extend to you all The Merriest and Happiest Holiday Wishes.

Jerry Whitney, M.D.

EXECUTIVE COMMITTEE MEETING (OCTOBER) HIGHLIGHTS

A Public Health Committee recommendation that children of the first grade and over walk to school was approved.

For the committee on Insurance, Labor Relations and Industrial Accident, Dr. Warren Platt expressed the desire to resign as Chairman of the Committee but to remain on the committee and suggested that Dr. Cyril Shea, Jr. be appointed Chairman. This was approved.

Public Relations Committee — Dr. Palermo presented a rather extensive report with the following actions:

1. A motion was made and passed to allow the members of the PR Committee to meet with legislators at the expense of the Society to a total of \$10.00 each.

2. The presentation of films to pre-med students to interest them in medicine by Dr. John Maloney at AIC, Springfield, Amherst and the University of Mass. was approved.

3. A petition was presented from 20 men of unapproved schools for consideration by the Executive Committee. The Executive Committee of the HDMS went on record as approving of hospitals accepting members of the MMS solely on individual merit for staff appointment.

4. Professor Goldberg of the University of Mass. Committee to study the proposed new medical school in Massachusetts is desirous of talking with the PR and Executive Committees on this subject. This was approved.

5. Dr. Palermo wished to have clarified the statement in the minutes of the last meeting relative to "Spokesman" for the Society. Accordingly, it

was approved that "any member of the PR Committee may speak for the PR Committee with the approval and acceptance of responsibility of said statements by the chairman of that Committee".

6. A roster of types of speakers for the PR Committee was approved.

For the Medico-Legal Committee, Dr. Bandeian presented an informational report on the "Mock Trial" to be presented on November 21 at 8 P. M. in the Auditorium of the Springfield Municipal Hospital.

For the Medical Disaster Committee an informational report was given relative to the demonstration to be held at Springfield College on November 1, 1961 at 8:30 P. M.

The Executive Committee voted to allow \$175.00 for expenses to send one man to the AMA Twelfth County Medical Societies Conference, Nov. 4-5, 1961 in Chicago.

The Executive Committee approved of placing the Society on an answering service basis by Dr. Palermo for \$13.00 per month. Dr. Burke will continue investigation for a central answering service.

It was moved that "the HDMS recommends that visitors to patients in the various hospitals be limited to two in number and for 10 minutes each." This was approved. This information will be presented at the next District Meeting. Letters will be forwarded to Hospital Administrators.

The meeting adjourned and reconvened as the Grievance Committee which considered three cases.

Ray T. Smith, M.D., Secretary

**Patronize our advertisers and re-
member to mention the Hippocrat.**

NEW

... for all Members of
The Hampden District
Medical Society and
their families.

GROUP PROTECTIVE INSURANCE PLAN

NEW Higher Benefits

NEW Lower Cost

NEW Liberality

NEW Lifetime Feature

NEW Tax-Savings

NO

MEDICAL EXAM.
WAIVERS OR RIDERS
AGE OR HEALTH CANCELLATION

YES

ISSUE GUARANTEED
CHILDREN TO AGE 26
COVERAGE PAST 70

No prior plan—even national groups—offers such broad benefits, low cost. With required participation, Members under 70 can choose any plan before Jan. 15th, non-medically. Don't lose out. Ask your advisor or Administrators to review your present coverage.

Phone RE 3-4545

Your New GROUP PROTECTIVE INSURANCE

Administered Right
From the Springfield
Offices of . . .

Lessere-Wertheim, Inc.

Professional
Insurers



Underwritten by
HARTFORD ACCIDENT
AND INDEMNITY CO

MEDICO - LEGAL



L. to R. Drs: R. N. LaMarche, J. W. Hartshorn, Jr.; Attys: S. E. Fein, T. J. Donoghue, B. Moran; Dr. L. M. Kruger; Atty. K. B. Smith; Drs: J. A. Whitney and J. J. Bandean.

The Medico-Legal Committee of the Hampden District in cooperation with the Hampden Bar Association staged a mock trial at the Municipal Hospital Auditorium at eight o'clock in the evening of November 21, 1961. This trial was made successful through the conscientious efforts and cooperation of Dr. Robert LaMarche who was the consultant for the plaintiff and Dr. Leon Kruger who was the consultant for the defendant. Attorney Kent Smith was the plaintiff. These three gentlemen made excellent witnesses on the stand. Arguing the case for the plaintiff were Attorneys Robert Moran and William Godfrey. The defense was ably argued by Attorneys Tom Donoghue and Arthur Giustina. These four gentlemen argued the case brilliantly before Judge O'Malley. The performance was further dramatized by having fourteen jurors on the stage.

In the course of the trial it was demonstrated that doctors search for the exact cause and effect through scientific means and that lawyers search for the truth through the burden of proof and in terms of probabilities. In court the two professions try to equate these two points of views. This problem of equating the divergent points of views is of increasing importance because today somewhat over eighty percent of all litigated cases require medical proof to substantiate their claims.

I hope that this trial will be the forerunner of other joint efforts of the two professions in getting together socially and amicably in order to clarify questionable points.

John J. Bandean, M.D.,
Chairman, Malpractice and
Medico-Legal Affairs
Committee

For the irritable G.I. tract

Milpath acts quickly to suppress hypermotility, hypersecretion, pain and spasm, and to allay anxiety and tension with minimal side effects.

AVAILABLE IN TWO POTENCIES

MILPATH-400—Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

MILPATH-200—Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

Milpath[®]

[®]Miltown + anticholinergic



WALLACE LABORATORIES Cranbury, N. J.

DECEMBER (5) MEETING HIGHLIGHTS

Following a luscious cut of roast beef meeting is called to order at 8:30 p.m. by President Whitney . . . 175 are in attendance against 195 reservations The following committee reports are received: (1) Public Relations, (2) Public Health, and (3) Insurance, Labor Relations and Industrial Accidents

It is voted that graduates of unapproved medical schools be considered for membership on hospital staffs in Hampden District, on an individual basis A recommendation that exfoliative cytology studies be carried out on all patients routinely, is approved It is voted that the Diabetes Committee be continued as a Committee on Chronic Disease

Report of Relative Value Committee evokes considerable discussion . .

. . It is voted that the dollar value of the unit be omitted, and also that copies of Hampden's Relative Value System be disseminated to insurance companies and other medical societies requesting them A motion to recommend rules for visiting hours in hospitals is defeated

Method of financing the February dinner-meeting is considered Treasurer Burke presents financial report and offers several alternatives It is voted that Executive Committee be instructed to consider Society dues for next year at \$30 Meeting adjourns at 9:50 p.m. . . .

MAITLAND'S PHARMACY, INC.

Four Registered Pharmacists

520 Allen Street — Springfield, Mass.

RE 6-8902

COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETING,
DECEMBER 19, 1961

PEDIATRIC GUEST SPEAKER, SPRINGFIELD HOSPITAL,
JANUARY 11, 1962 (See Page 21).

DIABETES IN REVIEW, DETROIT AND ANN ARBOR MICHIGAN.
JANUARY 17, 18 & 19, 1962

M.M.S. COUNCIL MEETING, BOSTON, FEBRUARY 7, 1962

HAMPDEN DISTRICT MEETING, FEBRUARY 6, 1962

HAMPDEN DISTRICT, ANNUAL MEETING, APRIL 24, 1962

M.M.S., ANNUAL MEETING, BOSTON, MAY 22, 23 and 24, 1962

A.M.A., ANNUAL MEETING, CHICAGO, ILLINOIS, JUNE 25-29, 1962

Schering

S-765

1959, (2) Andrews, G. C.; Donkows, A. N., and Silva, A., Jr.: J.A.M.A. 173:1542, 1960. (3) Arnold, H. L.; Straub Clin. Proc. 25:53, res. G. K., and LaTouche, C. J.; Brit. M. J. 2:1141, 1959. (4) Bennett, G. M.; Winsconsin M. J. 59:421, 1960. (5) Baruffini, A.; Farmaco (Ed. Sc. S. Armed Forces M. J. 11:1001, 1960. (6) Bear, M., and Mackenzie, Dr. Brit. M. J. 2:157, 1959. (7) Behrman, H. T.; Lubowe, I. L.; Mand 1960, (10) Bellario, F. C., and Havyatt, M. L.; Dermatologica 119:158, 1959. (11) Bensei, A.; Ann. J. Dis. Child. 100:131, 1960. (12) Bieri, J. Arch. Dermat. 81:982, 1960. (13) Birt, A. R.; Hoogstraaten, J., and Norris, M.; Canad. M.A.J. 81:165, 1959. (14) Blank, H., and Roth, F. J.; Jr. A. J., J. G., Jr.; Roth, F. J., Jr., and Zalus, N.; J.A.M.A. 171:2168, 1959. (15) Blank, H., and Smith, J. G., Jr.: A.M.A. Arch. Dermat. 81:779, 1960. (16) Borrie, P.; Practitioner 195:619, 1959. (17) Burgoon, C. F., Jr., et al.: A.M.A. Arch. Dermat. 81:724, 1960. (18) Cadbury, J. B.; St. Louis C. et al.: North Carolina M. J. 21:109, 1960. (19) Camergh, G.; Nebraska M. J. 45:67, 1960. (20) Carney, R. G., and Ziebell, W. C.; J. C. & C. L. C. Pelbois, O. F., and Rollier, R.; Maroc M. 39:74, 1960. (21) Chivington, P. V.; Gray, H. R., Wolf, R. L., and Dalton, J. E.; J. Inq. Int. 81:849, 1960. (22) Deas, R. C.; Indian J. Dermat. & Venereol. 25:93, 1959. (23) Die Redakcie, V.; South African M. J. 33:433, 1959. (32) 81:790, 1960. (33) Dazai, S.; J. New England J. Med. 260:1271, 1959. (34) Eaves, J., and Neves, H.; Dermatologica 119:45, 1959. (35) 793, 1959. (36) Fagan, J. W.; Am. Podiat. A. 50:292, 1960. (37) Ferguson, J. M.; Gagan, J. C. P., and Dersley, F. R.; Brit. M. J. 1:1026 1959. (39) Fiebert, E., and Suplik, D. J.; J. Am. Med. Ass. 173:489, 1960. (40) Flint, A.; Forbes, R. R., and Osher, B. C. Women's A. 15: 421, 1959. (41) Fong, J. S.; Clin. Med. 6:239, 1959. (42) Fong, J. S., and Strehler, D. A.; J. Am. Med. Ass. 173:489, 1960. (43) Fong, J. S.; Steiner, K.; J. Am. Med. Ass. 173:489, 1960. (44) Flammarino, J.; New York J. Med. 60:1250, 1960. (45) Frey, J. R., and Gellick, H.; Dermatologica 119:131 1959. (46) Frey, J. R., and Gellick, H.; J. Louisiana M. S. 111:302, 1959. (49) Gant, J. J.; Goid, A. H., and Weine 1959. (50) Goldberg, H. C.; J. Am. Podiat. A. 50:290, 1960. (51) Goldblatt, S.; J.A.M.A. 172:1643, 1960. (52) Goldbar, dard, N. J., and Genth, S. A.; Current Med. 26:67, 1959. (54) Goldfarb, N. J., and Sulzberger, M. B.; A.M.A. Arch. Dermat. 81:818 1959. (56) Goldfarb, N. J., et al.; J.A.M.A. 172:532, 1959. (57) Goldmann, L.; Preston, R. H., and Schwarz, J.; Acta Dermatovenereol. 39:454, 1959. (58) Goldmann, L.; J. Am. Med. Ass. 173:489, 1960. (59) Gould, A. H.; M. District of Columbia 29:72, 1959. (60) Gould, A. H., and Shair, H. M.; N. Pharmacol. & Ther. 1:624, 1960. (63) Greaves, A.; Moss, E. L., Jr., and Foy, J. A.; J. Am. Med. Ass. 173:489, 1960. (64) Greaves, A.; Moss, E. L., Jr., and Foy, J. A.; J. Am. Med. Ass. 173:489, 1960. (65) Harvey, G.; Alexander, J. O'D., and Kirk, J. F.; Scot. Med. J. 104:762, 1960. (66) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (67) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (68) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (69) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (70) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (71) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (72) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (73) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (74) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (75) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (76) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (77) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (78) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (79) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (80) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (81) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (82) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (83) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (84) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (85) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (86) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (87) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (88) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (89) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (90) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (91) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (92) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (93) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (94) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (95) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (96) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (97) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (98) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (99) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (100) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (101) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (102) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (103) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (104) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (105) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (106) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (107) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (108) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (109) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (110) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (111) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (112) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (113) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (114) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (115) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (116) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (117) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (118) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (119) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (120) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (121) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (122) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (123) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (124) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (125) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (126) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (127) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (128) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (129) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (130) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (131) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (132) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (133) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (134) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (135) Johnson, J. A.; J. Am. Med. Ass. 173:489, 1960. (1

COMMITTEE ON TAX-SUPPORTED MEDICAL CARE

The first meeting that I attended of the MMS Committee on Tax Supported Medical Care was on February 15, 1961.

Following this meeting I reported the important resolution of that meeting, to wit: "Be it resolved that the Council of the M.M.S. instruct its officers to take whatever steps necessary to insure henceforth that physicians caring for patients who are recipients of tax supported medical care be paid for their services wherever rendered; that in-patient hospital services be paid for on the basis of Blue Shield Plan B".

Since this meeting of Feb. 15th, two meetings have been held at the request of the Commissioner of Public Welfare, Mr. Joseph Tomkins. These were on the executive level. Present were: the President of the Society, the President-elect, two members-at-large, Dr. Curtis from Public Relations, Mr. Tomkins, Dr. Micksels, Dr. Buck and Mr. Spencer.

At the second of these meetings, it was pointed out that the physician had no legal obligation to furnish free care to any patient, charitable or otherwise. It was therefore pointed out that physicians who care for ward and charity patients do so voluntarily or within the framework of their own organizations. Physicians caring for these patients who reside beyond the fifteen mile radius of staffed or teaching hospitals are paid. Physicians on the staff of teaching hospitals operate within the rules of their own organization which generally provide that ward service cases be free. Your committee on Tax Supported Medical Care is bound by the resolution to demand that

physicians be reimbursed in accordance with its terms.

Therefore, as the outcome of these two meetings, the most recent held on November 15th, at which the full committee was present, some alternatives were recommended:

1. That the Blue Shield-Blue Cross organization administer the Medical Assistance of the Aged (M. A. A.) plan as an adjunct plan. Doctors who care for the M.A.A. recipients have the legal right to recover for their services.

2. Complete acceptance of the Welfare Department rule that all recipients of Tax Supported Medical Care be treated in service hospitals.

3. That doctors refuse to take care of these patients unless remunerated. This would amount to a strike by the medical profession, which is, of course, highly frowned upon. This, in spite of the fact, that the doctor is the only one who is expected to give his services free. The hospital and the nurses are paid. The druggists and undertakers are paid. In the final analysis the doctor is the only one who is regarded as a second class citizen.

For years the average citizen has believed that the doctor was always paid for his services in all institutions, and most recipients of Tax Supported Medical Care have had the same understanding. It might be wise to enlighten the public that many thousands of hours of free service are given annually by physicians everywhere.

Harry L. Roberts, M. D.,
Chairman

Anything on your mind? Share it with the Hippocrat.

TRANSCENDENT SENDING

1961

Do eyes still serve as windows for the soul?
No message forth can flash for friend or foe
Because of pupil patency or whole,
Unclouded cornea and lens although
They're unexpendable. No, there must be
As well a vital spirit keyed to send
Electrons charged with love and amity
When men would celebrate Noel, and lend
A worthy need of cheer for one and all
Throughout the coming year. Equipped with these,
No message is too great nor yet too small
To satisfy our thought, our hope to please.
So, Friends, we send a prayer from out our cave:
May Astro-argonauts themselves behave!

E. P. B.

HOLIDAY SOCIAL—Coming soon! December 10, from 2 p.m. to 5 p.m., at the Springfield Country Club. For all Auxiliary members, and as guests, husbands in the District Medical Society. Save the date—it's just the time to enjoy the first surge of pre-Christmas cheer. Mrs. Aldo J. Leani is chairman, Mrs. Joseph Stirlacci, co-chairman.

SCHOLARSHIP COMMITTEE. At the October Executive Board meeting, Mrs. William Kisiel gave a most interesting report of the progress being made in local hospitals by recipients of the 1961 Nursing Scholarships. The Auxiliary can feel that its efforts in raising money for the scholarships program are well justified and that last year's committee made excellent choices in awarding the grants.

WHITE CAP BALL. The gaiety of the Ninth Annual Ball, held early this month at the Schine Inn, was in sharp contrast to the serious purpose of the function, the raising of scholarship funds for grants in 1962 to students in fields closely allied to medicine. To the chairman, Mrs. O. J. Menard, and her committee, Mrs. H. E. Gaudreau, Mrs. K. S. Fletcher, Jr., Mrs. Harry L. Strachan, Mrs. Karel Susat, Mrs. Carlo Montori, and Mrs. J. W. S. Hartshorn, our appreciation for a very pleasant evening with danceable music, festive atmosphere, a delicious meal and good company. Our thanks also to those who, unable to attend, supported the Ball financially and assured the continuance of our scholarship program. We will have approxi-



mately \$1500 to award in the spring of 1962.

CIVIL DEFENSE. Twenty members of the Auxiliary have enrolled in the Standard First Aid Course offered by the Red Cross.

CAREERS RECRUITMENT. Mrs. Irving Hoff has been appointed chairman of this important committee to fill the vacancy created by the resignation of Mrs. Stephen Mahoney.

A.M.E.F. Mrs. Edwin Gillis reports that by October our fund had grown to \$87.00. Let's keep it going. She has

Y DOINGS



AT THE WHITE CAP BALL

L. to r. Drs: Charles S. D'Avanzo and O. J. Menard; Mrs. D'Avanzo (President, Auxiliary) and Mrs. Menard (Chairman, White Cap Ball).

appropriate cards for expressing, through donations to the A.M.E.F., appreciation, congratulations or sympathy.

FLUORIDATION. At the October meeting of the Auxiliary, the record number of members attending became an exceptionally well informed group on the benefits to be gained by Water Fluoridation. James M. Dunning, M. D., Director of the Harvard Health Service, reviewed the classic studies in the field of tooth decay and the preventative effects of both natural

and artificial fluoridation. His figures on the reduction in cost of dental bills under a fluoridation program were impressive, particularly when coupled with the fact that the cost per year per person makes fluoridation of water the cheapest public health measure known. Dr. Dunning's analysis of the charges of groups opposed to fluoridation of the public water supply should help us to intelligently promote the program.

Mrs. Elmer Franseen, Chairman
Publicity to The Hippocrat

AMPAC

Editor's Note:

On November 24 the Hippocrat received the following letter from Mr. John F. Kizer, Field Representative of the A.M.A.:

"You asked for some information in regard to AMPAC. I am enclosing a small brochure that has just been printed. If you would like additional information, please let me know."

1. What is AMPAC?

The American Medical Political Action Committee is a voluntary, non-profit, unincorporated group whose membership consists of physicians, their wives, the members of their immediate family, and others.

2. Why was AMPAC organized?

To meet an unmet need—the need of providing the medical profession with an opportunity to assume a more active and effective role in public affairs. AMPAC's dual role is (a) to help its members understand political issues; and (b) to organize them as an effective political action group.

3. Is AMPAC affiliated with either major political party?

No. The program and platform of the individual candidate will determine whom AMPAC supports—not the candidate's party affiliation.

4. Who directs AMPAC's activities?

A seven man Board of Directors, including six physicians and one member representing the Woman's Auxiliary to the AMA.

5. Is AMPAC a permanent organization?

Yes.

6. What is the relationship between AMPAC and AMA?

AMPAC will function independently of all medical organizations

and societies—national, state, and local. However, the directors of AMPAC are appointed yearly by the Board of Trustees of the American Medical Association. Further, the AMA and other incorporated medical associations are free to contribute to AMPAC—but only to its educational, *not* political, activities.

7. Will AMPAC's educational and political activities duplicate, or work at cross purposes with, the activities of similarly oriented political action organizations?

No. AMPAC's members should remain active in the political party of their choice. AMPAC simply furnishes the means whereby they can increase their political effectiveness substantially through combined effort.

8. How will AMPAC use its financial resources to best effect?

In three ways. First, through education. Depending upon the funds available, AMPAC will develop and promote such programs as: analyses of voting records; reviews of national legislative issues; voter registration drives; and publication of related materials and information.

Second, AMPAC will follow proven patterns of campaign activ-

OVERWEIGHT?

10-12 HOUR HUNGER CONTROL WITH
NO REPORTED CONTRAINDICATIONS

TENUATE® DOSPAN®

ity. Selection of target areas will be based upon thorough analysis at the local level, review of reliable national analyses, the marginal nature of the specific district, and other pertinent factors. Support for candidate will be based upon realistic political appraisal.

Third, AMPAC will coordinate its efforts with the efforts of those individuals and groups—medical and non-medical—who are actively engaged in programs designed to obtain good government.

9. Will AMPAC's membership be large enough to insure that this will be an effective political action group?

Yes. AMPAC's potential membership is numerically substantial. But this is not the important thing, for numbers are an inadequate yardstick for measuring political effectiveness (except on election day). Remember that elections can be won or lost by relatively few votes. In the 1960 Presidential election, neither candidate received a majority vote. Although nearly sixty-nine million voters went to the polls in 166,256 precincts throughout the United States, victory was won by a hairline margin of 112,881—less than one vote per precinct.

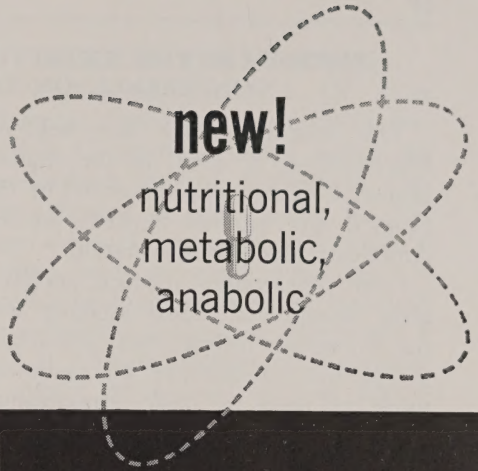
10. How can you and the members of your family join AMPAC?

In the near future you will be given an opportunity to do so. Every effort will be made by AMPAC to cooperate with the appropriate political action group in your state. AMPAC's membership classifications are:

Active.....\$10.00 min. annually
Associate.....\$10.00 min. annually
Sustaining.....99.00 min. annually

AMERICAN MEDICAL POLITICAL
ACTION COMMITTEE

520 North Michigan Ave., Chicago, 11, Ill.



C-B VONE

capsules

C-B VONE capsules meet the increased nutrient requirements of stress such as illness, surgery, injury ...to encourage more rapid healing, recovery and convalescence. To help keep your patients, particularly those over 40, nutritionally strong and well.

vitamin C in high potency... **bioflavonoids**, exclusive, natural, water-soluble citrus bioflavonoid compound as in C.V.P.... **whole natural B complex** from liver and yeast plus crystalline B factors
...**lipotropic agents**...**vitamin B₁₂**.

Each C-B VONE capsule provides:

ASCORBIC ACID (C)	150 mg.
CITRUS BIOFLAVONOID COMPOUND	50 mg.
THIAMINE MONONITRATE (B ₁)	25 mg.
RIBOFLAVIN (B ₂)	10 mg.
PYRIDOXINE HCl (B ₆)	1.5 mg.
VITAMIN B ₁₂	5 mcg.
NIACINAMIDE	75 mg.
PANTHENOL	7.5 mg.
CHOLINE	25 mg.
INOSITOL	15 mg.
DESICCATED LIVER N.F.	100 mg.
YEAST	25 mg.

Bottles of 100 capsules.

Samples and literature.

u. s. vitamin & pharmaceutical corporation

Arlington-Funk Laboratories, division
250 East 43rd Street, New York 17, N. Y.

REPORT ON THE TWELFTH COUNTY MEDICAL SOCIETIES CONFERENCE ON DISASTER MEDICAL CARE

This meeting which was held on November 4, 5, 1961, at the Palmer House, Chicago, was sponsored by the Council on National Security of the American Medical Association.

Over 300 county medical societies were represented. Most striking was the universal feeling that physicians throughout our country are assuming more and more the basic responsibility of preparing for the management of mass casualties during a grave national disaster. Part of this preparedness will necessarily involve the training of the citizen in the art of taking care of himself. To this end, a *Medical Self-Help Training Program*, is now being introduced by the Division of Health Mobilization of the Public Health Service in cooperation with the AMA. *Its objective is to train at least one member of each family*, in how to meet his own health needs and those of his family if deprived of a physician's services in time of national disaster.

Underlying the Medical Self-Help Training concept is the philosophy that "knowledge replaces fear".

In case of national disaster, all American families must be prepared to be on their own for a period ranging from hours to weeks. If they are to survive, it will be mandatory for all to be self-sufficient for they may be totally deprived of a physician's services, due either to isolation, or to excessive demand. Nursing care too,

may be difficult to obtain. The injured and the sick may have to be cared for by their own families or neighbors, perhaps for long periods of time.

Many other factors can affect the life and health of an individual. Food may have to be decontaminated, and water may need purifying before use. Sanitary facilities may be inoperable, necessitating improvisation by individual families. The same information and techniques are applicable in peacetime disaster situations, although the emergencies may not be as severe nor as prolonged as following nuclear attack.

The course contained in the Medical Self-Help Training Kit consists of 12 lessons to be given under medical supervision by physicians, allied health personnel and specially trained lay instructors. Subjects are: Radioactive Fallout and Shelter; Hygiene, Sanitation, and Vermin Control; Water and Food; Artificial Respiration; Bleeding and Bandaging; Fractures and Splinting; Burns and Shock; Transportation of the Injured; Nursing Care of the Sick and Injured; Infant and Child Care; Emergency Childbirth.

A training kit has been developed which contains everything needed for instructing; tracing guide; printed lessons with illustrative slides; slide projector; screen, student handbook; test forms; reference manual, "Family

COMPLIMENTS

Ernest A. Byron

SPRINGFIELD

CHESTER'S DRUG STORE

MEDICAL CENTER

305 Appleton St., Corner Maple
HOLYOKE, MASS.

Guide-Emergency Health Care".

Through the cooperation of federal, state, and local health and defense officials with the medical profession, each state can institute local training sessions by early in 1962. By the end of that year, 300,000 families should have at least one member trained in self-care.

The ultimate goal—that each adult member of each family is trained in the fundamentals of survival—can be attained within a few years, but this depends upon public support obtained by an all-out campaign conducted by all interested organizations and medical societies.

The AMA says: "The medical profession has the responsibility and obligation for medical disaster preparedness. The community looks to the physician to take care of its emergency medical needs and it has a right to expect the physician to be prepared."

Nevertheless, the community must also become interested and must cooperate for the purpose of formulating an effective disaster program. The survival of our Community and nation is the responsibility of all.

George Vassos, Jr., M.D.
Chairman, Committee on
Disaster Medical Care

Of all practicing physicians, 15% are engaged in full-time hospital employment.

BRIEFING THE PRE-MEDS

On November 6, 1961, Dr. John Maloney, a member of our Public Relations Committee, spoke before the pre-medical club of Springfield College, showed an A.M.A. film for college students interested in a medical career, and answered questions. A similar meeting was held at American International College on November 7 and at Amherst College on November 8. About 20 students were in attendance at each of these meetings. The questions most commonly asked concerned themselves with: (1) Financial aid and scholarships, (2) Advantages and disadvantages of specific medical schools, and (3) information about the meaning of osteopathy and chiropractic. Many students seemed entirely uninformed about them.

It is suggested that meetings be held with vocational guidance councilors of the different high schools in the area and that physicians having contact with such councilors refer them to the Public Relations Committee for additional information.

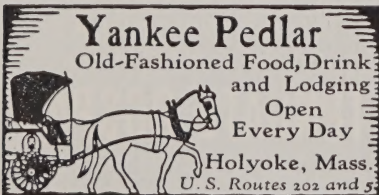
While in 1950 only 9% of residencies were filled by foreign graduates, in 1959 the percentage was 25.

TOBER FOREIGN MOTORS, INC.
676 Belmont Avenue
Sweden's SAAB - VOLVO
and now
the LARK and HAWK
By Studebaker
RE 7-6333 Open Evenings

MAPLE HILL NURSING HOME
156 Mill Street — Springfield, Mass.

RE 7-2148

JOEPH M. JOSEPH, Administrator



REPORT OF LEGISLATIVE COMMITTEE

December 5, 1961

The State Legislative Committee met November 15, 1961 at the Harvard Club in Boston.

Dr. Richard C. Webster, Jr., was elected chairman. Mr. Charles J. Dunn was employed as legislative counsel and his salary set at \$7,000 per year.

The Committee discussed the recommendation in Dr. Carl Bearse's annual message that "greater effort should be made on state and district levels for closer support with national and state legislators. Their good will is imperative."

The Committee voted that district medical societies be urged to meet with their state legislators at least once a year, and that the meetings in 1962 be scheduled following the January meeting of the Committee on State Legislation when the Committee will act on 1962 legislation; and that Mr. Dunn and Mr. Spencer draft a recommended legislative contact program for use by the districts in implementing Dr. Bearse's recommendation.

The Committee considered two recommendations submitted to it by the Committee on Traffic Accidents:

1. To recommend to the proper committee and to the Council that legislation be introduced requiring that seat belts be installed in all driver training vehicles.

2. To recommend legislation to permit the Registry of Motor Vehicles, state police or local police to examine drivers of motor vehicles at will by means of objective tests such as determination of the alcoholic content of the blood by means of analysis or alveolar air samples.

Relative to the first examination,

the Committee voted approval and requested Mr. Dunn to draft and submit such a bill.

The second recommendation, following lengthy discussion, was referred back to the Committee for clarification.

The recommendation from the Committee on Disaster Medical Care that the Committee on State Legislation support or initiate legislation to "provide strong economic motivation for construction and maintenance of blast or fallout shelters by communities or individuals or both" was tabled until the January meeting at which time legislation known to be filed on the subject will be considered in detail.

Mr. Spencer advised the Committee that legislation authorizing the incorporation of professional corporations to practice specific professions has been filed. The Committee postponed action on this issue until its January meeting.

A general discussion of the podiatry problem followed. Because no legislation had been filed up to the day of the meeting, any further discussion was deferred until the January meeting.

The Committee adjourned at 8:45 p. m.

Robert W. Emery, M.D.

OVERWEIGHT?

10-12 HOUR HUNGER CONTROL WITH
LESS THAN 1% CNS STIMULATION

TENUATE® DOSPAN®

HOW TO WRITE YOUR SENATORS AND CONGRESSMEN

1. Be brief.
2. Be straightforward and sincere, giving your own ideas in your own words. Do not follow a form letter.
3. Be friendly and courteous.
4. Do not use carbon copies. Write each man individually.
5. Sign your letter legibly and always include your address.

Honorable Benjamin Smith
United States Senator
Senate Office Building
Washington, D. C.

Honorable Leverett Saltonstall
United States Senator
142 Senate Office Building
Washington, D. C.

Honorable Edward P. Boland
U. S. Congressman
2nd Hampden District
House Office Building
Washington, D. C.

Honorable Sylvio O. Conte
U. S. Congressman
House Office Building
Washington, D. C.

"I was grateful to be able to answer promptly, and I did. I said I didn't know."

Mark Twain

DR. ROBERTS ELECTED

At its Annual Meeting in September Dr. Harry Roberts, Springfield, was elected President of the Massachusetts Chapter of the Academy of General Practice.

Efficacy of propionyl erythromycin and its lauryl sulfate salt in 803 patients with common bacterial respiratory infections

Tonsillitis*
92.3%
235 patients

Acute Streptococcus Pharyngitis*
88.3%
317 patients

Bronchitis* (Bacterial Complications)
95.3%
85 patients

Pneumonia*
88.6%
166 patients

*References available on request.

The usual dosage for infants and children under twenty-five pounds is 5 mg. per pound every six hours; for children twenty-five to fifty pounds, 125 mg. every six hours. For adults and children over fifty pounds, the usual dosage is 250 mg. every six hours. In more severe or deep-seated infections, these dosages may be doubled.

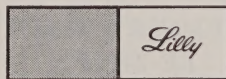
Available as: Pulvules®—125 and 250 mg. †; Oral Suspension—125 mg. † per 5-cc. teaspoonful; and Drops—5 mg. † per drop.

Product brochure available; write Eli Lilly and Company, Indianapolis 6, Indiana.

Ilosone® (erythromycin estolate, Lilly) (propionyl erythromycin ester lauryl sulfate)

†Base equivalent

Ilosone®
works
to
speed
recovery



132670

REPEAL THE DRUG ACT

At its Annual Meeting held on April 25, 1961, the Norfolk District Medical Society adopted a resolution similar to the one adopted earlier by our own Society. The Norfolk resolution, as reported in the June-July issue of The Massachusetts Physician, reads as follows:

"Whereas, Physicians face a \$1,000 fine, a year in jail or both, each time, as they are ethically permitted to do, they provide medication for the patient; and

"Whereas, Physicians risk a fine of \$25 each time they fail to confirm a telephone prescription within a week; and

"Whereas, Both provisions interfere with the physician providing service in the best interest of the patient; therefore be it

"Resolved, 1. That the members of the Norfolk District Medical Society believe that the best interest of the public will be served by repeal of the two provisions.

"2. That a copy of this resolution be sent to each member of the State Committee on State Legislation.

"3. That our councilors exert every effort to have the provisions repealed."

ESTABLISHED IN 1903

Dickinson-Streeter Co.
 Springfield, Mass.

Nagle Pharmacy

69 SUMNER AVENUE

RE 2-8906

Albert Kohn, Reg. Pharmacist

DIABETES DETECTION WEEK

The week of November 12-18 was observed throughout the Nation as Diabetes Detection Week. Sponsored nationally by the American Diabetes Association, the Hampden District Medical Society co-sponsored the local drive together with the Springfield Public Health Department and the Springfield Druggists Association. This was the first such drive in this area.

During this week a program of publicity was carried out on all media. The public was invited to participate by sending to the Society a Dreyapak filter strip which had been dipped into a urine specimen and allowed to dry. This filter strip was tested by students of the Springfield Trade High School under supervision of the members of the medical sub-committee. At the present time, 1500 tests had been made and 70 positive tests had been recorded. The very first test made was positive! Reports of all tests will be sent to the participants and the positive results will be reported both to the individual and to his physician. The Auxiliary has assumed the responsibility of the clerical work involved in sending these reports. A follow-up study is planned to determine how many of these positive tests are Diabetics—known or unknown.

On the basis of numbers alone, this initial drive can be considered as a successful effort. For the future, the committee suggests that plans be laid well in advance of Diabetes week, so

For Information or Reservations for
 your Business or Pleasure trip contact:

WEIDNER TRAVEL BUREAU,
 Inc.

83 State Street — Springfield, Mass.
 RE 6-4595

at the Drive may include all the communities represented in the District Society. This drive is for detection and education—to detect the unknown Diabetic, to alert the public to the manifestations of the condition, and to remind and alert the known Diabetic of the need of continuous care and medical supervision.

In addition to the Chairman, Dr. Louis A. Izenstein, the subcommittee of the Public Health Committee consisted of Drs. John Maloney, Eoline Dubois, George C. Steele and Max Millman. The Chairman of the Public Health Committee is Dr. Norman Pokorny.

The number of persons protected by hospital insurance has more than tripled since 1946, 42 million in 1946 against 132 million in 1960.

* * *

The number of hospitals sponsored by state and local government has increased 55% since 1946, according to Patterns of Disease.

Compliments

Edward F. O'Donnell
FUNERAL HOME
Springfield

PEDIATRIC GUEST SPEAKER

On Thursday, January 11, 1962 at the Springfield Hospital Louis Gluck, M.D., Assistant Professor of Pediatrics, Yale University School of Medicine, will speak on "Drugs and Drug Therapy in the Newborn", and "Current Concepts of the Respiratory Distress Syndrome".

Thursday, February 8, 1962, the speaker will be Mr. Sidney Shapiro, Executive Secretary of The Community Council, Springfield Mass. His subject will be "Hippocrates and Social Welfare: A Challenge to the Medical Profession."

Tillman



A S C O T

TRAVEL SERVICE

Airlines — Steamships — Resorts

Roger Smith Hotel, Holyoke

JE 4-3394 4-3395 4-3396

S

C

O

S

I

SPORTS

CARS

OF

SPFLD.,

INC.

AUSTIN-HEALY . . SUNBEAM ALPINE . . HILLMAN . . MGA . . MORRIS
and NOW!! — Your Authorized Dealer For:

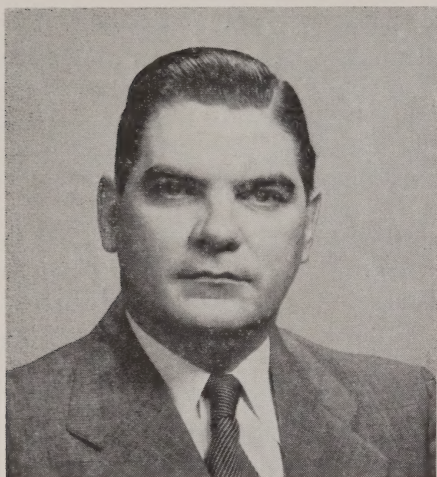
MERCEDES BENZ -- D.K.W.

SALES — SERVICE — PARTS

567 Main St., cor Marble

ST 8-0979

ACADEMY



William C. Moloney, M. D.

At the January 9 meeting of the Springfield Academy of Medicine the speaker will be William C. Moloney, M.D., Clinical Professor of Medicine, Tufts University Medical School, Chief 3rd Medical Service and Director of Clinical Laboratories, Boston City Hospital. The topic of his lecture will be "The Immediate and Delayed Effects of Nuclear Radiation in Man". The pre-meeting Clinical Conference, which will be held at 5 p.m. at the Mercy Hospital, will concern itself with Hodgkin's Disease and the Leukemias.

QUOTE OF THE MONTH

"But why go on? A medical school will make a nice prestige item, and if the state fails to correct pollution or support health services, why in time we may have the doctors to take care of the results.

A mink coat and dirty dishes in the sink? It's routine."

From Editorial, Boston Herald 11/7/61

RENTALS





EVEREST & JENNINGS

SALES



Wheel
Chairs

Walkers

• Hospital Beds • Patient Lifts

Complete Service on Wheel Chairs

EXPERIENCED 24 HOURS

Forest Park

AMBULANCE SERVICE

Est. 1947

1254 Columbus Ave.
SPRINGFIELD

RE 9-7373

Trusses — Surgical Belts — Colostomy Bags — Chairs and Hospital Beds

NORTH SIDE PHARMACY, INC.
TEMPLETON DRUG STORE, INC.

PREScription SPECIALISTS

WESTFIELD, MASSACHUSETTS

LITTLE KNOWN FACTS
ABOUT THE
LIBRARY OF THE SPRINGFIELD ACADEMY OF MEDICINE

DID YOU KNOW THAT THE ACADEMY LIBRARY:

... was founded in 1907 with 20 books borrowed from the Springfield City Library?

... now has 6,000 books?

... subscribes to 125 journals?

... has 2500 bound volumes of journals?

... is valued at \$75,000 but is irreplaceable at any cost?

... has an annual operating cost of over \$6,000?

... is supported by the Academy and by a group of civic minded sustaining members?

... serves as a source of medical literature reference for physicians, dentists, nurses, colleges and industry in Western Massachusetts?

... offers, for a minimal fee per page, photostatic copies of any publication in the Library?

... will borrow for you from the Boston Medical Library any book or journal not stocked on its own shelves?

... lends books and journals to the various hospital libraries in this area?

... has a full time librarian, Mrs. Grace Flanagan, who is always glad to assist you in any way possible?

... is located at the Springfield Municipal Hospital, 1400 State Street, where parking space is ample?

... needs your support and invites every qualified physician to fulfill his responsibility to his profession and community by applying for membership in the Springfield Academy of Medicine?

William B. Coen, M.D.

MD Draft: Some 345 more physicians will be drafted for Army duty in what the Defense Dept. termed a "special call" necessary to support the nation's military buildup. The call brought to 1,025 the total of MDs drafted this year and will increase the number in the military services to about 10,800. About 50% of that number are career medical officers.

H.D.A.M.A.

On November 28, 1961, The Hampden District Association of Medical Assistants met at Gleason's Restaurant, Holyoke, for a smorgasbord dinner. Guests were invited and there were about sixty members present. Mrs. Vivian M. Purdy, Executive Secretary of Hampden District Medical Society, was appointed liaison officer to serve between the two groups. Mrs. Kathryn Glanville of Holyoke, membership chairman, served as hostess for the evening. Officers of the group are: Mrs. Beatrice Maciolek, President, Mrs. Anita Hill, Vice President and President-Elect, Miss Shirley Dickinson, Treasurer, Mrs. Violetta Ferraro, Corresponding Secretary, Mrs. Mildred Loydon, Recording Secretary.

Mrs. Purdy talked briefly about the Kerr-Mills Law and the King-Anderson Bill. She also spoke about the Hampden District Medical Society, and

tried to acquaint the members with the functions of this organization. A good time was had by all. Try to interest your office assistants to join this national organization which is recognized and approved by both the American Medical Association and the Massachusetts Medical Society.

V. M. Purdy, Executive Sec.

NEW STATUS

Cyril J. Shea, Jr., M.D. has been appointed Chairman of Committee on Insurance, Labor Relations and Industrial Accidents.

Warren D. Platt, Jr., M.D. and Robert O'Malley, Holyoke, have been appointed to the Insurance, Labor Relations and Industrial Accidents Committee.

James Allan, M.D., West Springfield, has been appointed to Committee on Disaster Medical Care.

Dr. Frederick T. LaRochelle has been made a non-resident member by the M.M.S. He now resides in Ohio.

Recent Transfers: James J. Siragusa, Jr., M.D., West Springfield from Berkshire District. John J. Callan, M.D., Palmer, from Worcester District.

COMPLIMENTS

T. P. Sampson Co.
Springfield

SOUND SCRIBER**T. E. Skinner Associates**

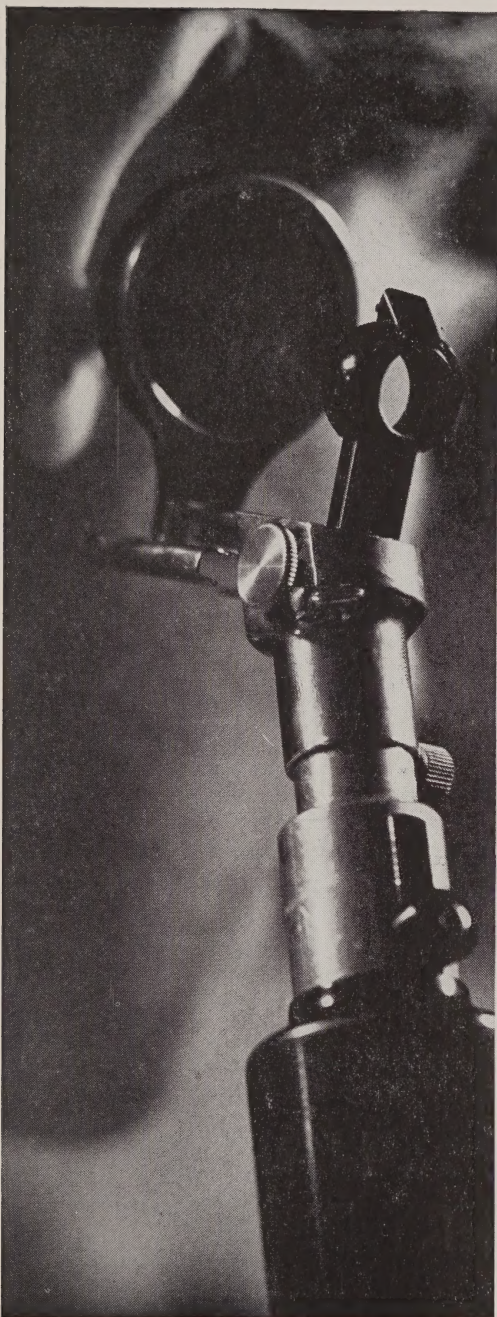
Springfield, Mass.
121 Chestnut Street
REpublic 4-8143

Hartford, Conn.
692 Maple Avenue
JACKSON 7-8000

Now, for the first time, a system has been developed ideally suited to the complex requirements of medical record-keeping. Case histories, observations, diagnoses and reports can be recorded on the spot.

departmentalized medical record dictation at low cost

The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.



in bacterial
otitis media

Panalba* promptly to gain precious therapeutic hours

In the presence of bacterial infection, taking a culture to determine bacterial identity and sensitivity is desirable—but not always practical.

A rational clinical alternative is to launch therapy at once with Panalba, the antibiotic that provides the best odds for success.

Panalba is effective (in vitro) against 30 common pathogens, including the ubiquitous staph. Use of Panalba *from the outset* (even pending laboratory results) can gain precious hours of effective antibiotic treatment.

SUPPLIED: Capsules, each containing Panmycin* Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,* as novobiocin sodium, in bottles of 10 and 100.

USUAL ADULT DOSAGE: 1 or 2 capsules 3 or 4 times a day.

SIDE EFFECTS: Panmycin Phosphate has a very low order of toxicity comparable to that of the other tetracyclines and is well tolerated clinically. Side reactions to therapeutic use are infrequent and consist principally of mild nausea and abdominal cramps. Albamycin also has a relatively low order of toxicity. In a certain few patients, a yellow pigment has been found in the plasma. This pigment, apparently a metabolic by-product of the drug, is not necessarily associated with abnormal liver function tests or liver enlargement.

Urticaria and maculopapular dermatitis, and a few cases of leukopenia have been reported in patients treated with Albamycin. These side effects usually disappear upon discontinuance of the drug.

CAUTION: Since the use of any antibiotic may result in overgrowth of nonsusceptible organisms, constant observation of the patients is essential. If new infections appear during therapy, appropriate measures should be taken.

Total and differential blood counts should be made routinely during prolonged administration of Albamycin. The possibility of liver damage should be considered if a yellow pigment, a metabolic by-product of Albamycin, appears in the plasma. Panalba should be discontinued if allergic reactions that are not readily controlled by antihistaminic agents develop.

*Trademark, Reg. U. S. Pat. Off.

your broad-spectrum
antibiotic of first resort



Upjohn 75th year

The Upjohn Company
Kalamazoo, Michigan

FAMILY SECURITY

IS AN INDIVIDUAL RESPONSIBILITY

When the Third National's Trust Department assists you in planning your estate, you have taken a big step toward assuring the future security of your family. The Third offers complete trust services, including Living Trusts and Trusts under Wills as well as serving as executor, guardian, agent or custodian . . . depending on your requirements or desires. Now is the time to act! Our Trust Officers will be happy to answer your questions and cooperate with your attorney in setting up your own estate plan.

Third National Bank of Hampden County

Trust Department located at Main Office, 1391 Main Street, Springfield

MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION



MEDICAL SERVICE DIVISION OF

CORLISS ADJUSTMENT BUREAU, INC.

293 Bridge Street

Springfield 3, Massachusetts

The only member of Medical Dental Hospital Bureau of America, Inc. in Hampden County. Serving the "Business Side of Medicine" for nearly two decades. Our studied intent, in every contact with your delinquent patient, is to collect your money due while still retaining the patient's good will. A staff of twelve trained adjusters, specializing in the physician's collection problem, is at your service.

Mr. Corliss will consult with you at your convenience.

Call Springfield RE 9-7346

North End Pharmacy

1869 MAIN ST. Corner SHARON ST. — SPRINGFIELD, MASS.

Phone RE 3-9154 Ronald C. Atwater, B.S. PH., Reg. Ph.

OPEN 24 HOURS EVERY DAY

The Rexall Store